

**GENERAL INFORMATION**

Participant Name:	Participant Date of Birth:	Participant HMIS #:

**Basic Screening Tool**

Screeener	Referral Date	Date Form Completed:
Email & Phone Number for Person Completing Form:		
Email:	Phone #:	
CoC Program for which Homelessness is Being Certified:	CoC Program Type: <b>(Check One)</b>	Eligibility
	<input type="radio"/> PSH <input type="radio"/> TH <input type="radio"/> RRH	

**CURRENT HOMELESS STATUS & HOMELESS HISTORY**

**Location Prior to CoC Program Entry:** *Indicate place where client was staying **immediately prior** to program entry. As an applicant they are not required to take additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety) in order to moving into permanent housing. **(Check One):***

**Required Documentation Must Be Attached**

- |  |  |
|--|--|
| Unsheltered                                    | Emergency Shelter                                |
| Rapid Re-housing                               | Transitional Housing (not qualified as chronic)  |
| Hotel/Motel paid by government/charitable org. | Institution < 90 days & literally homeless prior |

*The following questions do not disqualify client from services, it will assist in identifying the appropriate level of security for the client and family*

- Does the client have a history of domestic violence or victimization?     YES     NO **(Check One)**  
 Is client fleeing or attempting to flee domestic violence?     YES     NO **(Check One)**

**Homeless Status (Check at least one)**

*Your acceptance in our program is not contingent on your criminal record (unless mandated) or substance use*

- Literally Homeless (includes <90 days institution)   
  Imminent Risk of Homelessness   
  Fleeing Domestic Violence

**Chronic/Disability Status**

- Is this participant chronically homeless? (SEE HOMELESS HISTORY)     YES     NO  
 Is this participant being qualified for Permanent Supportive Housing?     YES     NO  
 Is this participant being qualified for transitional housing for disabled?     YES     NO
- If yes, to any, Disability Verification must be completed.**

**Homeless History – ENTER PARTICIPANT INFO BELOW**

*Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least 12 months.*

**Required Documentation Must Be Attached** - For more details, including institutional stays & doc requirements.

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #
<i>To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions totaling 12 months within the last three years of living in a qualified location.</i> <b>ENTER CHRONIC STATUS ON PAGE ONE.</b>				<b>TOTAL # OCCASIONS:</b>	
				<b>TOTAL # MONTHS:</b>	

Certification of Required Documentation:					
Documentation Type	Attached		N/A		
• Location prior to program entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fleeing or attempting to flee domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chronic/Disability status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Proof of homeless history (as applicable) from all reported agencies/HMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Program Manager:	Eligibility:	Date:
	<input type="checkbox"/> <b>CHECK BOX TO CERTIFY THAT CLIENT WAS INFORMED ABOUT <u>ALL REQUIRED DOCUMENTS.</u></b>	



## Commitment for Case Management

While engaged in services with ABC Services, staff will support all participants in navigating difficult medical social services and housing systems; and help with developing personal and social resources.

It is important to build a relationship of trust and cooperation with your case manager. She/he will help you set realistic goals and develop your plan for becoming self-sufficient. She/he will also monitor your program and stay informed on what is happening in your life; this will help you identify obstacles to success and overcome them.

All program participants have the option to engage with case management, and it is highly recommended that you participate. The aforementioned systems in the region are difficult to be navigating alone, so the more people supporting you and your family on this journey the better. The case managers are deeply invested in your success and will schedule weekly visits to accomplish your goals. Case management includes such topics as reviewing your budget, your future housing plans, housing search, leasing up procedure, food and clothing, transportation, family relations, social engagement, methods of obtaining vital documentation and life skills.

The services you will receive is designed to help you acquire the skills and resources you need to continue building and maintaining your independence and self-sufficiency.

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*I do not wish to participate in case management services. I understand that I will not be terminated from housing for failure to participate in supportive services. I also understand case management will remain available during the life of my involvement in this program, and there will remain periodic inspections of the unit.*

*I do wish to receive case management to best assist me in accomplishing my goals. I understand the roles and commitment of the staff. I understand that I will not be terminated for failure to make progress on a service plan, including failure to gain and/or improve my income.*

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

CERTIFICATION OF ZERO INCOME

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*To be completed by adult household members who are claiming zero income from any source, if appropriate.*

Head of Household Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. Choose one:

\_\_\_\_\_ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time. In addition I acknowledge that as a client in the program I will not be terminate for loss of income or failure to improve income.

\_\_\_\_\_ Currently, I have no income of any kind, but I am engaged in increasing income through other means: \_\_\_\_\_

3. I have provided the following enclosures as supporting documents for the rental adjustment: \_\_\_\_\_.

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date